|  |  |  |  |
| --- | --- | --- | --- |
| Nomor | : | /PS-IF/AKD-S3/....../...... |  |
| Lampiran | : |  |  |
| Hal | : | Permohonan Ijin Penelitian Disertasi | |

Kepada Yth. ...............................

Bersama ini disampaikan permohonan surat ijin penelitian disertasi**,** bagi mahasiswa Program Studi S3 Ilmu Farmasi Fakultas Farmasi UGM.

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| Nama | : | ............................... |
| NIM  Tempat Penelitian | :  : | ...............................  ...............................  ............................... |
| Promotor | : | ............................... |
| Ko-promotor 1  Ko-promotor 2 | :  : | ................................  ............................... |
| Judul Disertasi | : | ............................... |

Atas perhatian dan kerjasamanya disampaikan terima kasih.

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|  |  | Yogyakarta, ............................... |
| Mengetahui,  Dekan Fakultas Farmasi UGM |  | Pengelola Program S3 Ilmu Farmasi  Ketua, |
| Prof. Dr. Agung Endro Nugroho, M.Si, Apt.  NIP. 197601151999031002 |  | Prof. Dr. Abdul Rohman, M.Si., Apt  NIP: 197701202005011002 |